

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Number	eport Filed By Candid Mark X)	ate Committee Co
Name of Filing Committee; Candidate or Lobbyist	DALLENE	A FEENEM
Street Address	3901 STAT	<del></del>
Gity	ENIE State	PA ZID GODE 16508-3125
Type of Report (Place x under report type)		
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post 4- Pre-Primary Pre-Primary Primary Pr	6 Election Pre-Election	
	X	
(MIN/DD/YYYY) 11/07/2017	ear. 2017	Amendment Termination Report
Summary of Receipts and From Date Expenditures  O 6 106 17	To Date 10/23/14	For Office Use Only
A. Amount Brought Forward From Last Report	5 - 500 00	One of the state o
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0	
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures	\$ -500.00	VOTER RES
(From Schedule III) E: Ending Cash Balance	\$ <b>O</b>	REC 23
(Subtract Line D from Line G)  F-Value of In-Kind Contributions Received	- 500.00	10 f 1
(From Schedule II)  G. Unpaid Debts and Obligations	\$ 0	STRATE A
(From Schedule IV)	\$ 0	220
Part 1- If this is a Committee report, treasurer sign here.	Affidavit Se If this is a Candidate report, ca	andidate sign here.
	schedule on paper, is to the	best of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this	, , , ,	Nan le Manuel
Source Will 20	Tonia Will AR	Darlene A. Teeney
Signature II - D - 19	OF EXILED ENDER FOR THE PROPERTY OF THE PROPER	Printed Name
My Commission expires MO. DAY YR.	SEAL AND PELLO	Area Code Store Telephone Number
Part II- If this is a report of a Candidate's Authorized Com	mittee, candidate shall sign he	ere,
I swear (or affirm) that to the best of my knowledge and amended.	belle this political committee	has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	TARIES	
day of20		
•		Signature of Candidate
Signature		Printed Name
My Commission expires MO. DAY YR.		rea Code Daytime Telephone Number
		S 4) ( MINW)

### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number				<u> </u>
		and the second		Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
iHouse:# Street/Address			Date [MM/DD/YYYY] \$	
Gity	State	Zjp Code	Date [MM/DD/YYYY]	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributing  Committee	rancessaeposterical	patronic gramma (Agriculus 2013) (Eggi 45-50)	Date [MM/pD/YYYY] &	and the second s
House # Street Address			Date [MM/DD/YYYY] . 55	
Gity	State	Zip Code	Pate [MW/DD/YYYY/]	
Full Name of Contributing Committee	postario (1905) (1906) Postario (1906) (1906	The second secon	PDate:[MM//DD//YYYY] 95	
House #. Street Address			Date [MM/DD/YYYY] 25	
ZCity.	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing  Committee	Expression (Control of Control of	(Fig. 1)	Date [MM/DD/AYYA]	
House # & Street Address			Date:[MM/DD/YYYY] S	···
Glty.	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee		The state of the s	Date [MM/DD/YYYY) S	
House #/ Street Address			Date [MM/DD/YYYY] S	
(City	State	Zip Code	Date [MM/DD/YYYY] S	
Full®Name of Contributing Committee =			Date [MM/DD/XYYM]	
House:# Street/Address			Date [MM/DD/YYYY]   SS	
Gity :	State	Zip Gode	Date [MM/DD/YYYY1] S	

### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Aler Identification (Number)				
	The second of th			Control of the contro
Hull Name of Contributor			Date (MIM/DD//////M)- S	
House#4 Stra	eet Address		Date (MM//DD//YYYY) \$	
City	State	.Zip:Gode	Date (VIVI/DD/AVAVA) \$	
Full Name of Contributor			Date[MM/DD//Y/Y/] s.	
House#	eet Address		»Date (MIN/DD/XXXX)	
Gity	State	ZIP Gode	(Date (MIXI/IDD/YYYYY)	
Full Name of Contributor			Date  MIM/DD/MMY	
House#.	eet/Address		Date MIN/DD/WWM. S.	
Giv.	State	Zip Gode	Date (MM/JDD/MM/)	
Full Marma of Contribution		en e	Deta (MIV/DD/MAY/).	
House# Su	eet Address		Date (MW/DD/WYM)	
City	State	ZĮp@ode	),Date (IVIVI/DD/-VYYY)   S	
Full Name of Gonfributor			Date (MM/DD/AYAA)	
	eet-Addiress		Date (VIVI/DD/AYYA/)	
Gisy	State	Zjp(Gode	* Date (MIV/DD/AYAYI) - \$	
Softbullithoo to singly library			Date   MIN/DD/MAN/	
House# Sun	eet Address		Date [MM//DD///////]	
(Clay	Share	∠(p.code	Date (MIXI/JDD//WAY)	

### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

File ald And file ation. Number at		Sanda and Arthur Sanda an		
Full Name of Contributing Committee			Date (VIXI/DD/YY/Y)	
House/# Street	t Address		Date (VI(V)/DD/AYYY)	
City 4	State	Zip.Code	Date (MM/DD//YYYY) \$	
Full Name of Contributing Committee			Spate [MM/DD//YYYY] \$	
House# Street	: Address		@bate\[MM/\DD/\YYYY].	
<u>Gtv</u>	State	7.(p. Gode.).	.Date [MIXI/DD//YYYY]). S	
Huli Name of Contributing Committee			@Date (MIXI/DD/AYAYA) \$	
House # Street	t/Audress	MINITE I	Date   MM/DD/YYYYY)	
Giv.	State	ZIp Gode	CDate [MM/JDD/AYYYV]	
Rull Name of Contributing Committee			edate:[MM/bd//YYYYI] /s	
	tAddress		<pre># pate [[VIIII/[DD//YYYY]] * \$</pre>	
Gfy	State	∘Zip Gode	[Date   MM/DD//YYM] S	
Full Name of Contributing Committee	SHANNAR		apate [wim/dp/Ayyyy] s	
	t/Address		@pate:IMM//pb//wwwis s	
Gity	State	7/jp/Gode	Date [MM/00/AYYY]) \$	
Full Name of Contributing Committee			(Date [MM/DD//M/M] ) s	
	¢Address		Date[MM//DD//M/M]. S	
Gity	.State	7/(p code	@Date [MM//DD/AWW]	

### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

(Eller Identification Numbers)

Full Name of Contributor	Date (MIN/DD/AMAYA)
House# Street Address	<pre>Spate(IMMV/DID/XYYYY)</pre>
Gity. State Zipleode	Date [MM/DD/YYYY] 55
<u>EmployerName</u>	aOccupation.
Employer/Mailing,Address./ Principal Place of Business	
JEUII Name of Contributor	Date (MM//DD//YYYY)
Střect/Address	*Date [MIM/DD/YM/Y/] 55
City. State Zip Code	PDate [MM/DD/YYYYY] \$
Temployer Name	Occupation
-Employer Mailing Address / Principal Place of Business	
Hull Name of Contributor	ibatel[MiV/Dib/AVAY4]
House##: Street Address	Dates[MM/JDD/YYYY4] \$
Gity . Zip Gode	Date:[MM//DD/XYYYM] \$
Employer Name	*Gccupation
Employer/Mailing/Address / Principal Rlace of Business	_
Full Name of Contributor	Delic (MIXI/DID/MXXX)
Straet Address.	@Date: [MIM/DD/YWWW] \$5
Gity State .Zip;Gode	*Date [MM//DD///YYY] \$
EmployerName »	20 ccupation
Employer Mailing Address // Riths that Place of Business	

### PART E

### **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filerioentification Number.				
HulkName				and the second second
House #1 Street Addre	SS			
City	State	Zip Gode	Date MM/DD/YYYY/ \$	
		Gode	Pates[MM//DD/YYYY4]	
Receipt Description	Note that the second section is a second	gg jan talan kanan kanan kiring kanan kiring	and the second seco	en e
Full Name	523	Hart Lawrence Front		
House## Street Addre		7h	ZDAYEYMM/DD//YYYYI SI S	
	State	Zip Gode	Date (MM/DD/AYAY)	
Receijot Description	Charles and the second		and the contract of the contra	State on a state of the
Rull Name	NAJES		promote the state of the state	
House# Street Addre		27%	Date IMM/DD/AYAYA	
Gity	State"	Zip Göden	Sole WWW.	
Receipt Description				
Full Name	and the state of t	Andreas of the second s	art 1966 de la seu para se menora de l'Alba de la Regione de la colonia de la colonia de la colonia de la colonia	
House# Street Addre		γ.		7511
<u> वि</u> ।y	State 2	Zip, Gode	Date [MM//DD//YYYY/] \$ 5	
Receipt Description				
FülliName	and the second s	and the second s		e neko kun kende e <mark>n e</mark> n e
House:# Street;Addre	955 868			
City	State	Zip. Code:	Date [MIM/DD/YYYY]]	
Receipt Description				
Hilliname	e en	and the first and the second s	ara dha bha bha bha a an a guarra ann an ba dha ann a thuaig ann an t-air an dheana	e constitution of the cons
House#. Street/Addre	368			
Glivy	StateA	Zip - Gode	Date (MM/DD/YYYY)	
Receipt Description				

### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Nilecidentification Number	
WAS TO THE TRANSPORT OF THE PROPERTY OF THE PR	FORMOR DESS BERICONIIR BUIDOR
TOTAL for the reporting period (1)	\$
2: IN-KIND CONTRIBUTIONS RECEIVED WALUE OF SECULTIO \$250	@100((FROIVEPARTES))
TOTAL for the reporting period (2)	\$
3 : IN KIND GONTRIBUTTON REGENTED VALUE OXER \$250100 (IRG	DIVIFARII (G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$ r

### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Regidentification Number				
(Fig. 1)	alan da <sub>da</sub> alan da arawa a sa			
TUII Name of Contributors			*pate*[MM//DD/AYAYY/];	_
House# Street/Address			Date: [MIV//DD//Y/Y/] PSV	_
etv/	:State	Zip.Gode:	@Date [MM/JDD/M/W/] \$	_
Description of Contribution				
Full Namerol Contributor			Date:[MIM/DD/MA/]	_
House ii Street Address			Date [MM/DD/YYYY/]	
Gi <sub>t</sub> y.	State	Zip:Code	Date [MM/DD/XXYY]	
Description of Contribution				
Full Name of Contributor	- Comment of the second of the	and the control of th	/Date-[MIV/DD///YY/]] (5	
House# Street Address			Spate (MM/DD/YYYY)	_
Giv.	State	zip Gode	Date(MM/DD/YYY)	_
Description of Contribution		ere en ann for transmission and ann an <u>popular de alla esta en en e</u>		
(Eull Name of Contributor			· Date [MIXI/DD/XXXXX]	
House# Street/Address	way		Date [MM/DD/YYYY] (S)	
Gty .	State	Zip Gode	*Pate (IMIM/PD/AYAY)	_
Description of Contribution		the control of the property of the control of the c	Programment of the Control of the Co	
#Full*Name of Contributor			Date (MIV/DD/YA/M)	
House#! Street/Address			Pate [MM//DD/AYAA]	
Givy	State	Zip)Gode	Date [MM/bb//yy/A/]	_
Description of Contribution				_

# SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250	
(AlleridentificationNumbers)	
Full Name of Contributor	Date IMM/DD/MWY)
NHOUSE## Street Address	Date [MM/DD/YYYY] \$
Griy State Zip Gode	Date (MIX)/DD/XXXXI) \$1
Employer:Name Employer:Mailing:Address://Principal % Place of Business	Description
Full Name of Contributor	Contribution  Date [MM/DD/YWW] \$
AHouse# Street Address	©Date:[MIN/JDD//YXXXII] \$
Gity State Zip Code	#Date (MIM/DD/YYXY) 55
Employer Name	Occupation Description
Place of Business  Full Name of Contributor	or Contribution PRICE [MW/DD/YYYY]
House:# Street Address	Pare HMM/DD/YYYYM
Gity State Zip Code	(Date   WIMMODP/AYXXVI   35
JemployerName.	Occupation
Employer Mailing-Address / Principal Place of Business	Description of Gontalbution
Full Name of (contributor)	Pate MIXWDDMAAAW
House #: Street Address	Date (MM/DD/AYYAY)
ety State Zip Gode.	Date [IMIXI/DD/AYAA/] \$5
EmployerWalling Address//Principal Place of business	Description of
	(Contribution:

### SCHEDULE III

# **Statement of Expenditures**

File dentification Number 4	
Fro Whom Paid	Date [MM/DD//YYW]
House # Street Address	Description of Expenditure
City State Zip Code	
ToWhomPaid	Date (MM/DD/YYYY) \$
Honge # Street Address	Description of Expenditure
(ejty) State Zip Côde	
₽FÖ/Whom Paids	Date [MM/DD/YYVV)]
House # Street Address	Description of Expenditure
GttV State Zip Godes 5	Spate:(MM/DD/AYYAA) 5 (833)
	Description of Expenditure
House# Street Address Gity State Zip.	
City State Zip. Gode.	#Date (MMY/DD/AYYYY) \$5
House # Street Address	Description of Expenditure
GifV. State Zip Gode	
Tio)Whom:Paid:	/Date/[MM//DD//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
House # Street/Address	Description of Expenditure
State. Zip Gode	
ToWhom Pald:	(Date   IVIM/(DID/AVA)(V)]
House # Street-Address	Description of Expenditure
Crity City State Zip (Code 3.5)	Reate (MIW/ele/AXEM) SS
To.Whom Paid	
House# Street Address	Description of Expenditure
Gity State Zip Gode	

### SCHEDULE IV

### **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Relief (dentification Numbers			
Nameol/Geditor			Cutstanding Balance of Debt
House# Street	t.Address   States	DATE:DEBT INGURRED	
egy Description of Debt Name of Greditor		Zip Gode	Outstanding Balance of Debt
(HOUSE # Stire of	t Address	DATEIDEBT INGURRED	S .
City Description of Debts	SSTate	Zip (Gode	
Name of Greditor.		Colored Color Colo	Outstanding/Balance of Debt
House# Street	t Address State	DATE DEBTINGURRED [INIM/DD/YYYY]  ZIP	
Description of Debt  Name of Greditor	yordic.	- Code	Outstanding/Balance of Debt
*House# sfreet	t-Address	DATE DESTINGURRED	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
elsy Description of past	State	(Gbde)	
Name of Greditor  House # Street	t Audrass	**************************************	Outstanding/Balance of Debt (
Giv/	t/Address     State	I VŠAAVĀGOVINIMI)A.	
Description of Debts.	No. and State Stat		
	t/Address	DATE DEBTINGURRED	Outstanding Balance of Debt.
.city Description of Debts	States:	Zip. Code	

### PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed lealbly in blue or black ink.

#### INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

#### REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, Indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items & through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

#### SCHEDULE I

#### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate per contributor received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. [See 25 P.S. §3241)

#### Instructions for Reporting Contributions

The *aggregate* total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part B "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

#### SCHEDULE II

#### IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

#### REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filing fee - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

Party Code Table:

### County Code Table:

	,					_	
01	Adams	24	Elk	47	Montour	REP	Republican Party
	Allegheny	25	Erie	48	Northampton	DEM	Democratic Party
	Armstrong	26	Favette	49	Northumberland	CST	Constitutional Party
	Beaver	27	Franklin	50	Perry	LIB	Libertarian Party
05	Bedford	28	Forest	51	Philadelphia	REF	Reform Party
06	Berks	29	Fulton	52	Pike	OTH	Other
07	Blair	30	Greene	53	Potter		
		31	Huntingdon	54	Schuylkill	Office	Code Table:
09	Bucks	32	Indiana	55	Snyder		
10	Butler	33	Jefferson	56	Somerset	GOV	Governor
11	Cambria	34	Juniata	57	Sullivan	LTG	Lieutenant Governor
12	Cameron	35	Lackawanna	58	Susquehanna	ATT	Attorney General
13	Carbon	36	Lancaster	59	Tioga	AUD	Auditor General
14	Centre	37	Lawrence	60	Union	TRE	State Treasurer
15	Chester	38	Lebanon	61	Venango	SPM	Justice of the Supreme Court
16	Clarion	39	Lehigh	62	Warren	SPR	Judge of the Superior Court
17	Clearfield	40	_	63	Washington	CCJ	Judge of the Commonwealth Court
18	Clinton	41	Lycoming	64	Wayne	STS	Senator in the General Assembly
19	Columbia	42	McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Mercer	66	Wyoming		Assembly
21	Cumberland	44	Mifflin	67	York	CPJ	Judge of the Court of Common Pleas
22	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
23	Delaware	46	Montgomery			TCJ	Judge of the Traffic Court
						OTH	Other (Candidates for local offices who file only with the County
							Board of Elections)